

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	10228	10-27-00
O.I.P.E. CLASSIFIER		18	11-15-00
FORMALITY REVIEW	WUB	10976	1-2-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	6/19/02	
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
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48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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